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TO: U.S. Patent and Trademark Office
Examiner: Ahmed N. Sefer
Art Unit: 2826

DATE: September 9, 2003

FROM: Erin P. Madill

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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MESSAGE:

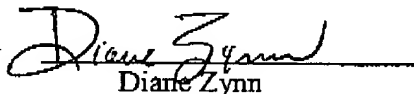
Patent Application No.: 09/943,094; Our Ref. 81751.0017

I hereby certify that the following documents:

- ☒ Amendment Transmittal
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are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9318 ART UNIT 2826

CLIENT NUMBER: 81751.0017

ATTORNEY BILLING NUMBER: 3606

CONFIRMATION NUMBER: 703-605-1227 (return fax to Diane Zynn)

FORM PTO-1083

Patent Application No. 09/943,094
Attorney Docket No. 81751.0017

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kazunobu KUWAZAWA

Serial No: 09/943,094

Filed: August 29, 2001

For: SEMICONDUCTOR DEVICE AND METHOD OF
MANUFACTURING THE SAME

Art Unit: 2826

Examiner: Ahmed N. Sefer

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Date

Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	31	-20	31	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	3	-3	6	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$
Independent Claims: 1, 7, 14					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.By: Erin P. MadillErin P. Madill
Registration No. 46,893
Attorney for Applicant(s)Date: September 9, 2003
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500 South Grand Avenue, Suite 1900
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OFFICIAL

Application No. 09/943,094
Reply to Office Action of June 10, 2003
Amendment Dated September 9, 2003

Attorney Docket No. 81751.0017

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Kazunobu KUWAZAWA
Serial No: 09/943,094
Filed: August 29, 2001
For: SEMICONDUCTOR DEVICE AND
METHOD OF MANUFACTURING
THE SAME

Art Unit: 2826

Examiner: Ahmed N. Sefer

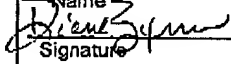
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AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 10, 2003, please amend the
above-referenced application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 8 of this paper.